

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

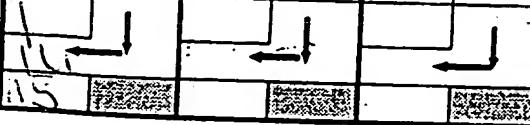
CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	2					
3						
4						
5						
6						
7						
8						
9						
10	1					
11	(1)					
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14	(1)					
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TOTAL IND. _____

TOTAL DEP. _____

TOTAL CLAIMS _____



TOTAL IND. _____

TOTAL DEP. _____

TOTAL CLAIMS _____

